

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91730 014 ****61.25

DOCUMENT # N98000006140

1. Entity Name

TORNADO SPIRIT BOOSTERS, INC.

Principal Place of Business

Mailing Address

40 S. HERCULES
 CLEARWATER FL 33675

540 S. HERCULES
 CLEARWATER FL 33675

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3456704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ICENOGL, ZORINA W
 C/O CLEARWATER HIGH SCHOOL
 540 S. HERCULES
 CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME HENLEY, HILDA
 STREET ADDRESS 512 VIRGINIA LANE
 CITY-ST-ZIP CLEARWATER FL 33764 ☒ Delete

TITLE PD
 NAME Debra Mackay
 STREET ADDRESS 2281 Manor Blvd
 CITY-ST-ZIP Clearwater, FL 33765 ☒ Change ☐ Addition

TITLE VPD
 NAME SCHMIDT, EMILY
 STREET ADDRESS 608 MADERA AVE
 CITY-ST-ZIP CLEARWATER FL 33759 ☒ Delete

TITLE VPD
 NAME Robin Green
 STREET ADDRESS 1001 N. Greenwood Ave
 CITY-ST-ZIP Clearwater, FL 33755 ☒ Change ☐ Addition

TITLE T
 NAME MOKWA, KIM
 STREET ADDRESS 1121 MACRAE AVE
 CITY-ST-ZIP CLEARWATER FL 33755 ☒ Delete

TITLE Treasurer
 NAME Barbara Smith
 STREET ADDRESS 1744 Emerald Dr.
 CITY-ST-ZIP Clearwater, FL 33756 ☒ Change ☐ Addition

TITLE SD
 NAME JAKUBZAK, SUE
 STREET ADDRESS 935 LAKE FOREST RD.
 CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE SD
 NAME Sue Jakubzak
 STREET ADDRESS 935 Lake Forest Rd.
 CITY-ST-ZIP Clearwater, FL 33765 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra Mackay **REQUIRED Debra Mackay**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/06/02 - 796-1213

Date

Daytime Phone #

CR2E037 (9/01)